INSTRUCTIONS FOR APPLICATION FOR PESTICIDE APPLICATOR LICENSE FORM NO. PA-400N

In order to obtain an Applicators License, you must submit a complete signed application along with the appropriate fees. The license will be issued to the name appearing under Section B of this application. All applicators must first pass the appropriate TDA exams. Test scores are valid for 12 months for noncommercial and noncommercial political. After that time, applicants must retest. License fees are nonrefundable. It is unlawful for any person to apply restricted-use or state-limited-use pesticides or regulated herbicides without a license.

SECTION A

1. TYPE OF LICENSE

Check the box for the type of license you want.

- Noncommercial Applicator -- A person required to use restricted-use or state-limited-use pesticides or regulated herbicides but who is not a private applicator or commercial applicator. Noncommercial applicators must obtain five CEUs each year.
- Noncommercial Applicator Political Subdivision -- Government employees who apply restricted-use or state-limited-use pesticides or regulated herbicides in the course of their employment. Noncommercial applicators must obtain five CEUs each year.

SECTION B

1. CLIENT INFORMATION

Information entered into this form will be used to generate your license. A driver license number is required. Indicate TX issued, and if not issued by the state of Texas, then check OTHER. If a drivers license is not available, you must provide a state issued identification number. If the state issued identification number provided is issued by another state, check other.

For sole proprietors/individuals applying for this nonoccupational license, a social security number is voluntary and not required. Social security numbers are used to assist in child support enforcement under Texas Family Code § 231.302. In the event the applicant does not have a social security number or does not wish to provide their social security number, the applicant must provide either a driver license number or a state-issued ID number. There is no penalty or consequence for refusing to provide a social security number.

Provide your full legal name, address and phone number.

SECTION C

Enter the name of a designated person, along with that person's contact information, who can discuss and answer questions about license-related issues. If this is the same person as the client check the box stating same as client name instead of providing name again.

NOTE: The Person to Contact, named by the business, is the preferred signatory of this application. That person may be the Responsible Person.

All correspondence, licenses, and other documents will be sent to the Person to Contact at the email address listed below. Approximately 30-45 days in advance of the expiration date of the license/certificate, the contact employee will receive a renewal invoice via email that will include a login ID and password to access TDA's internet website. The contact employee will then be able to conduct business related to their assigned license(s) online, including viewing their licenses, making changes to their company information, and renewing their licenses. A business can appoint one contact person to manage online all of the company's licenses.

2. MAILING ADDRESS

Enter the address at which the Person to Contact receives general correspondence, where applicable.

SECTION D

1. FACILITY INFORMATION

Enter the name of the primary facility of licensee, licensed activities (applications) or equipment. For example, private applicators will indicate their name and the address of the primary location of their applications. Noncommercial and noncommercial political applicators should provide the business name of where you report to work and make applications.

2. PHYSICAL ADDRESS OF FACILITY

Enter the actual physical street address of the licensee, licensed activities or the equipment, including directions to this location if the address is difficult to locate. Please do not enter a P.O. Box. This information will assist TDA inspectors in locating your business in the event that an inspection is needed

SECTION E

1. NONCOMMERCIAL AND NONCOMMERCIAL POLITICAL SUBDIVISION

Provide the name and phone number of your employer. If you own the business, please indicate that. .

2. EMPLOYER'S INFORMATION

Provide the physical location of your employer's business and phone number. If this information is the same as provided in the facility section, check box stating same as facility and info does need to be provided again.

SECTION F

1. SIGNATURE

After reading the summary, print and sign your name, and date the form. Your signature here indicates that you have read the summary and that you are aware of your responsibilities regarding the issuance of the requested license.

PAYMENT

NOTE: Texas Department of Agriculture accepts only checks, cashier's checks, or money orders.

- Licenses are not valid until you receive confirmation from TDA. Confirmation may be by phone call, e-mail or mail.
- License fees:

\$120 for Noncommercial

\$ 12 for Noncommercial Political Subdivision

Check method of payment. Enter check number, cashier's check number or money order number. Enter amount remitted.

Please remit to: Texas Department of Agriculture, P.O. Box 12076, Austin, TX 78711-2076.